

# TOWN OF ACTON

Office of Code Enforcement: 207-636-3497 x410

Email: [ceo@actonmaine.org](mailto:ceo@actonmaine.org)

## CITIZEN'S COMPLAINT FORM

Name / Location of Perceived Violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of Perceived Violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Observed: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

----- ↓ to be filled in by office ↓ -----

Complaint Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Map \_\_\_\_\_ Lot \_\_\_\_\_

Incorporated 1830

Complaint Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_